### SANTA CLARA VALLEY WATER DISTRICT **COMMITTEE APPLICATION**



Please complete this application in its entirety and submit an original signed copy to the Office of the Clerk of the Board at 5750 Almaden Expressway, San Jose, California 95118. If more space is needed, please attach additional pages. Applications are valid for one year from the date of receipt and are public record. This application is available on-line at https://www.valleywater.org/how-we-operate/committees/board-advisory-committees under "Santa Clara Valley Water District Youth Commission." For assistance, please contact the Office of the Clerk of the Board at (408) 265-2607, extension 2277.

#### Α. **CONTACT INFORMATION**

Name of Committee: Santa Clara Valley Water District Youth Commission					
Name (First, Middle, Last): V	aibhavi Nataraj Kulkarni				
Home Phone:	Work Phone:	Cell Phone:	Fax:		
Mailing Address: (Street Add	ress, City, State, ZIP)				
E-mail:					
If Applicable, Present Employ NA	ver (Name and Address): Jo	ob Title:			
Do you have a current contra	ctual relationship with the San	ta Clara Valley Water District?	☐ Yes ☒ No		
If Yes, please describe (if mo	re space is needed, please at	tach additional pages):			
L					

#### В. **VOLUNTEER EXPERIENCE**

List current and previous volunteer experience. Include experience with charitable organizations, committees and commissions, or public offices you may have held and relevant dates. If more space is needed, please attach additional

DATE(S):	NAME:	RESPONSIBILITIES/EXPERIENCE:
July 22 -August 9		
June 21 2017-till date		Attachment 2

Page 1

August 2014- till date			
May 2020 -till date			
C. INTEREST AND	AVAILABILITY		
How did you hear about the	his committee opening?		
☐ District Website	)		Director (please specify):
Committee Mer	mber (please specify):	$\boxtimes$	Other (please specify): Nextdoor Neighboor
Please describe your inte	rest in serving on this committ	ee:	
		ecific skills, t	raining, or knowledge that should be considered in
applying for this committee	e.		
How would the communit	y benefit by your participation	on this comm	nittee?
	·		
	d committee meetings when s d-advisory-committees for com		ng schedule details) X Yes No If No,
If you have a disability, w	hat accommodations would yo	u need to se	rve on this committee?



# SANTA CLARA VALLEY WATER DISTRICT COMMITTEE SUPPLEMENTAL QUESTIONNAIRE

### D. EMERGENCY CONTACT INFORMATION

In case of emergency, contact:	
1. Name:	Phone:
2. Name:	Phone:
VERIFIED BY THE SANTA CLARA	OVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND MAY BE VALLEY WATER DISTRICT. I UNDERSTAND THAT MISREPRESENTATION OR MY IMMEDIATE REJECTION AS AN APPLICANT OR TERMINATION FROM
	06/25/2020
<b>Applicant Signature</b>	Date Signed

Those applying for the **YOUTH COMMISSION** must complete the **APPLICATION** and **SUPPLEMENTAL QUESTIONNAIRE**. For more information or questions, please email: <a href="mailto:youthcommission@valleywater.org">youthcommission@valleywater.org</a>.

Grade Level:
Favorite Subjects:
·
n to <b>The Water District in Your Area</b> to identify your Board Member and District #
Board Member District #:
3
ease attach additional pages.)
ng people in Santa Clara County are facing, particularly if appointed, how will you connect these issues to your role
outh Commission? What do you think you can contribute by being o

Attachment 2



# SANTA CLARA VALLEY WATER DISTRICT COMMITTEE SUPPLEMENTAL QUESTIONNAIRE

applications will be disqualified.
Parent/Guardian: I, (parent/guardian signature) understand that my child has applied for the Santa Clara Valley Water District Youth Commission and has my express permission.
To the Carra state, trains Four Commission and the my express permission.